

TOWN OF SOUTHAMPTON

Department of Land Management
Building and Zoning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5700

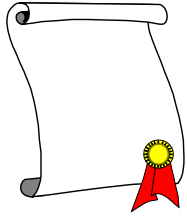
Fax: (631) 287-5754



ANNA THRONE-HOLST
TOWN SUPERVISOR

KYLE P. COLLINS AICP
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA
CHIEF BUILDING INSPECTOR



REQUEST FOR AN UPDATED CERTIFICATE OF OCCUPANCY

In order to obtain an Updated Certificate of Occupancy for a parcel, it is necessary to give the following information:

1. An updated original survey of the premises.
2. Copies of all Certificates of Occupancies/Compliances relating to the parcel.
3. If new owner, copy of deed or bill of sale must be submitted.
4. All open building permits *must* be finalized before an updated certificate can be issued.
5. A correct house number that has been recently issued by the Town.
6. A correct Suffolk County Tax Map Number.
7. The attached cover sheet *must* be completed.
8. A check for \$200.00 (two hundred dollars) made out to the Town of Southampton or payable by cash.
9. Smoke Alarm Affidavit
10. If the Name that the Certificate of Occupancy requested to be issued in has not been the owner for 12 months previous, than a copy of a Deed and/or Title must be furnished with this application.

Southampton Town
Building Division

TOWN OF SOUTHAMPTON

Department of Land Management
Building and Zoning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5700

Fax: (631) 287-5754



ANNA THRONE-HOLST
TOWN SUPERVISOR

KYLE P. COLLINS, AICP
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA
CHIEF BUILDING INSPECTOR

UPDATED CERTIFICATE OF OCCUPANCY COVER SHEET

This cover sheet ***MUST*** be completed before an Updated Certificate of Occupancy application can be accepted. **NOTE:** All issued Updated Certificate of Occupancies *will be mailed* to the ***homeowner*** so be sure that a correct mailing address is listed.

Application Number: _____ Date: _____

Property Address: _____

SCTM# 473689-_____._____-_____-_____._____

Present Owners Name: _____

Present Owners Address: _____

Applicants Name: _____

Applicants Address: _____

Applicants Telephone Number: _____

Name Certificate Should be Issued In: _____

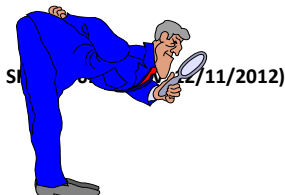
Their Address: _____

Telephone Number: _____

Current Computer Address: _____

FOR OFFICIAL USE ONLY

APPROVE FOR UPDATED CERTIFICATE OF OCCUPANCY ON



UPDATED CERTIFICATE OF OCCUPANCY CHECK LIST

FOR OFFICIAL USE ONLY

- ☐ Single Family Dwelling
☐ Two Family Dwelling
☐ _____ Family Dwelling
☐ Other Residential

☐ Commercial Building Used as _____

- | | | | |
|--------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Basement | <input type="checkbox"/> One Story | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Deck(s) _____ |
| <input type="checkbox"/> Cellar | <input type="checkbox"/> Two Story | <input type="checkbox"/> Concrete Block | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Crawl Space | <input type="checkbox"/> ____ Story | <input type="checkbox"/> _____ | <input type="checkbox"/> Shed(s) |
| <input type="checkbox"/> Pilings | | | <input type="checkbox"/> Tennis Court(s) |
| <input type="checkbox"/> Slab | | | <input type="checkbox"/> Pool House |
| <input type="checkbox"/> _____ | | | <input type="checkbox"/> Gazebo |
| | | | <input type="checkbox"/> Garage (_____ Car) |
| | | | <input type="checkbox"/> 1 Story <input type="checkbox"/> 2 Story |
| | | | <input type="checkbox"/> Home Pro. Offc. (_____) |
| | | | <input type="checkbox"/> _____ |
| | | | <input type="checkbox"/> _____ |

Did you enter any of the Buildings? ☐ Yes ☐ No

If yes to question # 1, which buildings did you enter?

Are there any obvious violations of subchapter F of the NYSFPABC?

☐ Yes ☐ No If yes, list violations in inspection findings.

Are there any buildings or structures on the property that do not have certificate of occupancies/compliances? ☐ Yes ☐ No

Are there any buildings or structures that were not shown on the survey that are on the property? ☐ Yes ☐ No

Field Inspector Findings

Inspectors Signature

Date

TOWN OF SOUTHAMPTON

Department of Land Management
Building and Zoning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5700
Fax: (631) 287-5754



ANNA THRONE-HOLST
TOWN SUPERVISOR

KYLE P. COLLINS, AICP
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA
CHIEF BUILDING INSPECTOR

IMPORTANT MESSAGE REGARDING HOUSE NUMBERS

As of March 31, 1994, Chapter 286 of the Southampton Town Code will require that all Town residents display house numbers so that they are clearly visible from the street. The law requires that you use only the number assigned by the Town. **NO OTHER NUMBER SHOULD BE DISPLAYED AND NO INSPECTIONS WILL BE DONE BY THE BUILDING DEPARTMENT AT PROPERTIES WITHOUT A HOUSE NUMBER.** If you have a different number for postal delivery, please file a change of address with your post office immediately. If your tax bill does not list a street number, or if you have a question regarding the law or the number assigned to you, please telephone Pat Raymond of the Assessors Office at 283-6000 extension 274.

The following is a description of the manner of display and the style and size of the required house numbers:

A. Manner of Display.

1. During construction period. The owner of a land parcel for which a building permit has been issued shall have the street address number displayed on a sign or a post located at the front of the property. In the case of a flag lot, at the street entrance of flag.
2. Existing and newly completed buildings. The owner of an existing building or newly completed building shall have the street address number displayed by permanently affixing or painting numerals, letters or script, stating the number, to the front of the building. Where the building is not close enough to the street, or is not readily visible from the street, the street address number shall be permanently affixed to a sign, post or mailbox located at the front of the parcel or lot where the building is situated.

B. Style and Size of Numbers.

1. The numerals, letters or script used to display the street address number of the building shall be painted on a plaque or the front of the building, or made of metal or other durable material. The numerals, letters or script shall be at least three (3) inches in height. All street address numbers shall be displayed as to be easily seen from the street by both pedestrians and drivers of vehicles.

The proper posting of your house number will assist the Building Department during the inspection process and ensure prompt and timely inspections.

SMOKE ALARM AND CARBON MONOXIDE AFFIDAVIT

STATE OF NEW YORK)
COUNTY OF SUFFOLK)

I, _____, being duly sworn, dispose and say:

1) I am the _____ of the premises located at _____

Suffolk County Tax Map Number 473689 - _____ - _____ - _____ - _____, which is improved by a single family dwelling.

- 2) That smoke detection alarm devices are installed as per Section 164-9 of the Southampton Town Code requiring multiple smoke detectors in one- or two-family residences which are located in each room used for sleeping purposes, on the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedroom and in each story within a dwelling including basements and cellars.
- 3) That carbon monoxide alarm devices are installed as per Section 378-5a of the Executive Law of New York State, which is one for every floor of living space in the structure.
- 4) That I make this affidavit pursuant to Section 1193.2 of the New York State Fire Prevention and Building Code.

Original Signature

Sworn to before me this _____

Day of _____, 20_____.

Original Notary Public Signature and Notary Seal